

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

---

VOL. XXIII.

WEDNESDAY, JANUARY 20, 1841.

No. 24.

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CASES OF MONOMANIA.

BY JAMES MACDONALD, M.D., ONE OF THE PHYSICIANS TO THE NEW YORK HOSPITAL.

AMONG the great variety of disagreeable duties which the physician is called on to perform, few are more painful or embarrassing than that which requires him to confront in court a patient (perchance an old friend), laboring under monomania, and to declare, under oath, that he is insane, and not only unfit for the enjoyment of personal liberty, but incapable of managing property, accumulated, perhaps, by his own industry and talent. But what is of more importance to society and to the character of the physician concerned, is the difficulty of performing this duty satisfactorily, when the patient is but slightly deranged. How, in the estimation of an inexperienced and unprofessional jury, can a man who talks so well and deports himself so unexceptionably, be insane? What is insanity? is a question that has long puzzled physicians, jurists, and writers on medical jurisprudence. It is a question which has not yet been suitably answered, and in the present state of knowledge does not appear to admit of a satisfactory solution. Considering the complex nature of mind, and the variety of faculties, sentiments and propensities involved in its disorders, and recollecting the hitherto unsatisfactory definitions of diseases purely physical, such as fever and inflammation, this is not singular. It is not intended, however, on the present occasion, to discuss this question, but simply to relate by way of illustration two cases of monomania which were stamped by the same peculiarities, and which finally terminated in the same melancholy manner. Though resembling each other, they occurred in individuals of very different characters—the one was a highly intellectual man; the other a person of very ordinary capacity. Both were brought before the court for examination into the state of their minds—both puzzled judge and jury—both proved insane upon a second trial—both so far recovered that they were discharged from the asylum—both lapsed into melancholy, and both ended life by suicide.

*Case I.*—S. Y., admitted into Bloomingdale Asylum, August 1st, born in England and resident in New York for ten or twelve years, age 35, single, merchant. Hair dark, eyes light, head large, great anterior and superior development, animal propensities strongly marked. Has been a free liver and has indulged in beer-drinking; for several years past has domesticated with a designing woman, whom he now calls wife. It is six weeks since he gave the most decided evidence of derangement,

and much longer since he began to manifest symptoms of mental aberration.

As at the time of his admission no remarkable deviation from the normal state was observed, either in mind or body, his only treatment was confinement to the house and grounds, the administration of a warm bath, followed by an aperient, and the substitution of bitter infusion for his accustomed drink.

August 9th.—Until this morning his conduct and conversation had been, in the main, correct. He now talks wildly, saying his friend R. has been for a long time trying to kill him by poison and other means, and has sent out persons at night to "upset him." Skin sallow, tongue loaded, bowels torpid. R. Hydr. submucr., pulv. ant.,  $\ddot{\text{a}}$  gr. v. h. s.—H. pulv. rhei, magnes. calcin.,  $\ddot{\text{a}}$   $\ddot{\text{d}}$  j. c. m.

20th. Saw a lady here yesterday, an entire stranger to him, who he insisted was his wife. Says he has two horses that can travel through the woods like wolves; when Mr. R. reports him drunk, he is frequently 500 or 1000 miles off in an Indian wigwam, where he can go in five or six hours. The horse, which he rides by lying flat on his back, kills wolves. Much mental excitement. Yesterday tore in pieces a blanket.

On the 9th inst. began first to destroy things without apparent motive; tore up a hat belonging to another patient, and then commenced with his own. He then became so noisy and offensive to the other patients that it was necessary to send him to the Lodge.

22d. Continues to talk about his horses; says that he has one that can travel over swamps and ditches; nothing but houses can stop him, and if these be not strong, he kicks them down and goes through.

23d. Says Red Jacket is here, and points him out in the person of one of his fellow patients. He now got so much better that he was taken back to the main building.

September 15th. His mental excitement returning, and preceded by disorder of the digestive functions, constipation of the bowels and increased vascular action; ordered active purging and cupping.

19th. Was cupped yesterday and 3 vi. taken from the occiput; but having become violent, noisy, destructive, and offensive to convalescent and quiet patients, has been removed to the Lodge.

20th. Talks wildly and confusedly about the earth having been turned up-side-down by screws; has a plan for "sawing Long Island in two, and another for cutting through the earth at right angles with the horizon."

25th. Saw his friend R. yesterday, and has been much worse since, having torn in pieces his trowsers. When asked why he did this, replied, that it was for the purpose of making new clothes, which he does by submitting the old ones to friction.

29th. Some of his injudicious friends caused him to be removed to the city by "Habeas corpus." He behaved so well, and talked so plausibly before the Recorder, as to leave an impression on the minds of many present that he was perfectly sane, and had been persecuted and unjustly confined. He was, notwithstanding, brought back to the Asylum.

October 1st. Walking about the hall and yet tranquil. Mr. R. had an interview with him in the course of the day, for the purpose of furnishing himself with facts to substantiate the opinion which he expected to be called on to give ; but he seemed suspicious, declined answering the most common questions, evidently for fear of implicating himself, and was rather abusive.

2d. S. was again taken before the Recorder, where I was examined respecting his case, and stated all the facts connected with it. His deportment was correct, and he said not a word that could be construed into insanity until his converting old into new clothes was ridiculed ; when he boldly asserted his power to do so, to the utter dismay of his lawyer and pretended friends.

13th. On his return to the Asylum, which was immediately after the investigation, he conducted himself with propriety till within the last few days. Began the work of destruction again last night ; asserts that he is the owner of the Asylum buildings, and that he has discovered perpetual motion.

14th. More wild and confused than ever ; when asked why he had destroyed his bed-clothes, said it was to save lives.

15th. Destructive propensity still active ; perceptive faculty disordered ; calls Mr. F. (one of the patients) his grandmother.

16th. Violent, wrecks his bed and pulls it to pieces ; appetite voracious. R. Hydr. subm.  $\ominus$  i., ant. tart. gr. ss.

18th. More calm, complains of pain in the left shoulder. Let him have a warm bath ; to be repeated.

19th. So much more rational that he has been brought back to the main building.

28th. Not so well ; unhappy, fault-finding, talks in the old strain about the fleetness of his horses, his fancied exploits among the Indians, and his converting old into new clothes.

November 11th. Has been at the Lodge for some days past ; noisy, discontented, violent, destructive. R. Bal. calid. 100 Fah. q. d. per hor. unam.

13th. Excitement subdued, pulse 86 and small, countenance haggard, skin sallow ; ever dissatisfied and complaining. R. Mass. pil., hydr. ext. conii. ss  $\oplus$  ij. m. and div. in pil. No. xvi.—i. m. and v. Baln. omit.

29th. Has been at the main building about a fortnight and more rational than he has ever been since here ; but to-day begins to talk wildly again, eye sallow. H. Hydr. subm.  $\ominus$  i.

30th. Again destructive and talking incoherently about the Indians, &c.

December 2d and 3d. Raving, violent, destructive. Ap. C. C. occip.

4th. Though the blood flowed freely, still wild and incoherent ; says he is on Bosworth field.

17th. Somewhat better.

23d. Entertains ideas of greatness, says he has all along been at the head of affairs in England ; combative and destructive propensities both active. Rep. baln. calid.

February 2d. The baths proving useless, have been discontinued ; destructive of clothes yet. Setaceum in nucha ; continue vegetable diet.

March 8th. The seton produces a most copious discharge ; and although it has been in only a month, he has been quite rational for a fortnight, has been brought back to the main building ; had an interview with his brother last week for the first time, and is no worse in consequence ; bowels costive, pil. aloes c. ij., pil. coloc. c. i. h. s.

26th. Continued to improve until this date, when he was discharged recovered.

After leaving the institution, he embarked immediately for England, continued sane during the voyage, and until he reached a large town in the interior, not many miles from his native place, when he retired to a room in a hotel and committed suicide. When S. Y. recovered from derangement, he learned that the mercantile house of which he was a member had failed. Mortification at returning home reduced to poverty, broken down in health, and shattered in mind, together with the dread of meeting his father, may be supposed to have hurried him to this last fatal act.

[Case II. will be given next week.]

**CASE OF GUN-SHOT WOUND OF THE HAND, FORE-ARM, AND ARM,  
WITH FRACTURE OF THE HUMERUS, SUCCESSFULLY TREATED.**

BY R. W. LINDSAY, M.D., OF ALEXANDRIA, D. C.

**L**—— E——, ætat. 10, was wounded April 11th, 1840, by the accidental discharge of a fowling-piece, whilst holding it by the muzzle and drawing it towards him. The load entered the upper and thick part of the palm of the hand, slightly grazing the wrist for about an inch, then tearing up the muscles in the most shocking manner, half way up the fore-arm, exposing the tendons to view ; it entered the arm anteriorly a few lines above the bend of the elbow, fracturing the os humeri about an inch and a half above the joint, then passing upwards, about half way up the arm, it made a slight opening posteriorly, but without any portion of the load apparently having made its exit.

On the first view, this case presented a very formidable appearance, and considering the situation of the wound in the arm, it appeared almost impossible that the brachial artery could have escaped very serious injury ; but on examining the pulse, it was found to beat with the same force and regularity as in the sound arm, which showed that if the artery was injured at all, it was not so seriously as to endanger sloughing and haemorrhage.

Professor Gibson says, that in some cases, large arteries are pushed entirely to one side, without sustaining injury. On examining the course of the artery at the time, and since the wound healed, this must have taken place to some extent in the case under consideration.

On introducing the finger between the ends of the divided bones, there appeared to be simply a transverse fracture ; no loose pieces of bone could be felt. The arm was now swelled to double the natural size, the pulse

110 in the minute, but regular, and, though reaction had completely taken place, there was nothing in the action of the pulse or the general system that indicated venesection.

In consultation, five physicians being present, the following considerations were discussed. In the first place, mortification might take place in a day or two, and deprive the patient of the chance of amputation; the brachial artery might be so injured as to slough, and the patient run the risk of dying from haemorrhage; the capsular ligament of the joint might be torn up, consequently greater danger to be apprehended from inflammation; tetanus might supervene, and in taking into view the extent of the injury, and the part wounded, this seemed a not unlikely occurrence. On the contrary, the patient was young and healthy, and no constitutional symptoms had occurred to induce the belief that any important bloodvessels or nerves had been seriously injured.

A majority were in favor of immediate amputation, but as there was a want of unanimity, it was determined to wait until a surgeon from Georgetown should arrive. When this occurred a more thorough examination took place, extension and counter-extension was made, which enabled us to examine the case more satisfactorily, and I now became fully convinced of the correctness of the opinion I had given in the first instance.

The patient passed a tolerable night, sleeping composedly for half an hour or an hour at a time, and in this way sleeping two thirds of the night: though when awake he seemed to suffer much from pain. The pulse continued at about 110, and regular, but did not at any time indicate the necessity of venesection.

In the morning a physician from Washington city arrived, and another consultation took place, which resulted in a determination to make an effort to save the arm.

Our attention was now turned to the dressing best adapted to the wounds, and to the general treatment. The patient had been placed in the recumbent position, the arm extended and laid on a pillow, and by this time the limb had become so painful, that the slightest motion created the most excruciating pain. Cold water dressings had been used, giving very marked relief. Pledgets of lint were applied, and kept constantly wet with cold water; and I would here observe that the effects of the cold water dressings were most remarkable. At frequent intervals the patient suffered severe pain, particularly when roused from slumber, and in no instance did the cold water fail to give more or less relief, and it had a most remarkable effect in tranquillizing and composing him.

In Florida, during the campaign of 1836, I had an opportunity of treating a great many cases of gun-shot wounds with the cold-water dressings, but in no case were its beneficial effects more remarkable than in the one under consideration, and I cannot too earnestly recommend this mode of treatment in the first stage of all gun-shot wounds.

Aperient medicines were administered, and the antiphlogistic system was strictly attended to, throughout the whole treatment.

The water dressings were continued three days; we then substituted

emollient poultices in their place, the sloughing was considerable, and on the fifth or sixth day the wounds became scordid; to correct this, we used the charcoal and carrot poultice, which in a few days had the desired effect.

The wounds were now suppurating, and in every respect in an improved condition, and were now dressed with cerate. The pulse during this time ranged from 100 to 115, but when the suppurative process was completely established there was an evident improvement, the pulse becoming less frequent, and the general system much improved, and everything progressing favorably, even beyond our anticipations. At this stage of the case it became necessary to use tonics, and a more nutritious diet. We likewise used the syrup of sarsaparilla, and from its beneficial effects on the general system, it had a happy tendency to facilitate the healing process.

After the suppurative process was established, shot from time to time were discharged, together with the wadding of the gun. The load, however, had taken different directions, and at some distance from the posterior openings, an evident fluctuation was felt; on opening it, matter was very freely discharged, and with a small scoop a number of shot were extracted.

The limb was now placed in a curved splint made of tin, extending the whole length of the arm and fore-arm; this gave better support to the limb, and enabled us to move and dress it with greater facility and ease to the patient.

At the end of three weeks the free discharge from the wounds was much abated. On measuring the arm it was found to be at least an inch shorter than the sound one; extension and counter-extension were necessary, which was effected by the use of the curved splint, it being first well lined with surgeon's lint, and then applied with a Scultetus's bandage. The bandages were applied the whole length of the arm and fore-arm, and answered the object most effectually; as we anticipated, the bones commenced uniting, and in about four weeks reunion was established.

It was now important to turn our attention to the elbow-joint, there being danger that ankylosis might take place. To prevent this, a curved splint with a hinge at the elbow was used, which was first lined, and then applied with the common roller; to the upper part of the splint were attached two pieces of wire, the lower ends of the wires ending in hooks, which were hooked in holes in the lower portion of the splint, these holes being placed at intervals of an inch, and we were thus enabled by degrees to flex the arm. At this time the arm can be used freely and without any difficulty, from the extended position, to something more than a right angle. The muscular action of the arm is fast recovering, and will no doubt soon be restored. The arm is now of the natural size, with the exception of the fractured portion, which is enlarged from the ossific matter thrown out in the reunion of the bones. A gradual absorption is going on, and at this time camphor liniment is used to excite the action of the absorbents to remove any extraneous matter that may exist about the joint, and which prevents its full motion. This, in

time, there is little doubt will be effected, but as such a process must necessarily be slow, it may be some months before the arm is fully restored, in every respect.

On no subject have the opinions of surgeons been more contradictory, than as to the propriety or impropriety of amputation, generally for the want of a full and fair investigation. For instance, military surgeons have been accused of amputating very unnecessarily; but when we reflect that after an engagement, the wounded are hurried from place to place, and deprived, as they must be, of the requisite attention, their wounds not dressed for days together; that great pain and inflammation must necessarily follow, which may endanger or even sacrifice the patient —under these circumstances, with a full view of the case before him, the prudent and experienced surgeon amputates on the field of action. But in domestic life, where every convenience and comfort can at once be afforded the patient, the case is very different. I hold it improper to amputate here, except where the prospect of saving the limb is most unfavorable; and in forming a decision in all cases, particularly those occurring in civil society, the peculiarities of constitution, the age, habits, &c., of the patient, should always be carefully taken into consideration.

—*Amer. Jour. of Med. Sciences.*

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#### THE MORAL AND PHYSICAL TRAINING OF SURGEONS.

EXTRACTS FROM PROF. F. H. HAMILTON'S INTRODUCTORY AT THE GENEVA (N. Y.) MEDICAL COLLEGE.

You, gentlemen, are to become surgeon-physicians, and wherever in these States, or on this Continent, you may locate, you must cut as well as cure; while with one hand you pour out the healing oil, with the other you must firmly grasp the unflinching knife. Never think, I beseech you, that in this country you can escape the responsibilities of a surgeon. It is this miserable error, more than all else, which exposes us daily to legal prosecution, and our profession to disgrace. Students, awed by the formidable details of anatomy, or by the hazard and fearfulness of operations, and believing that they can readily excuse themselves from this branch without harm to their reputation or their profits, purposely neglect, during their pupillage, such studies and training as will alone render them competent: and never discover their stupid mistake until, removed from the means of instruction, an unexpected and imperative demand upon their surgical skill exposes them to shame and lasting dishonor.

If, gentlemen, any of you are to-day conscious that you possess either mental or physical inability to overcome these difficulties; if you have not perseverance or talent to penetrate and thread the windings of anatomy; if you have not, and believe you can never attain, such complete mastery over your nervous cords, that you can wind them till the keenest cry of suffering shall not cause a thread to vibrate, you should never have registered here—idlers and tremblers can gain no honorable distinction in these ranks. You may pursue our science for

purposes of amusement or contemplation, but never dare, I charge you, enter thus naked and unarmed the arena of practice. \* . \* . \*

Improve by temperance in living and vigorous action, your original constitution ; consult the laws of life and health, and at whatever sacrifice, obey them to the strictest letter. I do not stand here in judgment against all the comforts of life, or luxuries of the board : pleasure and the palate are not always at war with health. I cannot live without food, nor would I wish to live upon water and bread alone. It is not temperance to torture the poor body, by starvation and denial, into that state of passive acquiescence in which it learns to submit to all things alike, and seems neither to feel pain, or experience pleasure. Live only as your careful observation teaches you is most conducive to health and permanent comfort ; accustom your frame to cold and fatigue, and bluff off Boreas to the face, till his rough winds can chase you no more. And when you have well exercised, feed well ; not to repletion as you would fatten a stalled ox, but as you would grain a favorite horse, generously, but with measure. These are rules of regimen which every man may adopt, and such alone we think as are consonant with reason or fact. But against some of the accounted luxuries of life I must make war ; especially the vile narcotics. Tobacco I have used, not habitually, but occasionally, and am prepared to speak. If you would live long, free from dyspepsia and its long train of sickly attendants—if you would carry a hand steady as the index upon a dial, hate that foul weed. It palsies the mind, unnerves the arm, and unsuits for all intellectual or corporeal action. I would not trust the man who habitually uses tobacco to perform an operation of hazard for me, though he were a Mott, or a Gibson, or the very Apollo of surgery himself.

Tea and coffee give me less offence ; but the surgeon who indulges liberally in either, will level his weapon and arm his needle but at a risk. Against the stimulating drinks, such as wine, brandy, &c., it may seem supererogation to warn you. You all know their pernicious tendency ; and fashion no longer renders their use necessary. I speak guardedly, that the custom is so far obsolete, that to drink is not now, as formerly, strictly *necessary* to a proper maintenance of character and reputation. But opportunities and temptations are not wanting even in this day, and you, gentlemen, will be peculiarly open to the remaining power and influence of this expiring vice. Chilled by long exposure to cold and drenching storms ; exhausted by frequent and tedious journeys over roads rough and unbroken ; by intense and painful anxieties ; from endurance of hunger and watchfulness, by day and by night, you may often be easily persuaded to resort to artificial stimulus as a timely minister. The generous and well-meaning hospitality of patients, will also seldom fail to urge its necessity by industrious and plausible reasoning. But against such temptations I cannot forbear to warn you. How soon the appetite, occasionally indulged, grows into a fiery and ungovernable thirst, your early destruction may tell.

The drunken surgeon is the licensed assassin ! his unsteady hand plunges the fatal instrument, where the arrows of death had failed to reach. I am not ignorant that even intemperance has proved the pass-

port to reputation ; and that some men are considered most competent to practise when their brain is most inflamed, and not to be trusted when sober—when the spirit of wine is in, their courage is up and their tongues loosed ; they talk freely of blood and carnage, of operations and adventures in surgery, far surpassing the feats of the redoubtable Sangrado : arms, legs, and headless trunks, float in their distempered imaginations, and their companions—nay, intelligent citizens, listen to their delirious ravings as to the sound and credible testimony of sober reason. These men are your worst enemies and most formidable rivals ; they are street-claimers and pot-house brawlers, and the fame of their valor will speed like smoke before the wind. If, gentlemen, you choose such distinction, it is attainable ; but you require no parchment or chartered seal from these halls. Your diploma will be drawn by the clerk of the ale-house, and your red seal will be stamped upon your face.

Temperance and health, which stand in the intimate relation of cause and effect, being thoroughly attained, little else remains to be done towards the completion of the physical accomplishments. With a clear head and sound body, firmness and composure are easily acquired. Courage is not that inherent gift, or natural endowment which some modern self-styled metaphysicians would teach—granted by partial Providence to all unlike ; but it is the constant result of proper training. The soldier is but a woman, when lately enlisted, and trembles like an aspen leaf at the first report of the sentinel's gun ; but the old veteran, trained to arms, loves the sports of war ; he delights to hear the clang of steel, and to snuff the smoke from the cannon's mouth. The hardy mariner, long inured to the dangers of the sea, laughs at the untimely prayers of the affrighted voyagers, and slides carelessly among the ropes, while the vessel, unmindful of the helm, writhes and plunges like a strong animal in its agony.

Habituize yourselves, therefore, to scenes of suffering, and never shun the chamber of sickness or death—or shrink from your duty as an assistant at the operating table. Such scenes are the surgeon's school of discipline and drill, where he serves under other leaders, and prepares himself to direct the assault with courage and confidence when his commission is received. It is false also that the cultivation of composure in the "wards," the "theatre," or the "dead-room," is calculated to blunt or destroy all the finer sensibilities of nature, and render us callous and indifferent to fellow suffering. It obtunds only the grosser animal or nervous feelings ; and while it enables us more coolly to observe, and rationally sympathize with the afflicted, it refines and exalts the moral and intellectual emotions. \* \* \* \* \*

I here then repudiate the thousand times reiterated slander, that the practice of our profession robs us of man's most noble and distinguishing trait—the ability to participate in the joys or sorrows, the pains or pleasures of our fellow beings ; and throw back the calumny upon those shrinking, faint-hearted, far-off sympathizers who sent it. They see the vessel stranded upon their shores, and hear the signal of distress above the surf, but close their eyes and muffle their ears, and when the storm is past and the vessel gone down, they look piteously forth to see

if the winds or the rocks, less cruel than they, have rescued any of the unhappy crew. \* \* \* \* \*

We do not claim exemption from the common frailties of our race, and deny, with hypocritical cant, that we ask the comforts, or have any pleasure in the luxuries of life. Nay, we freely declare that, to a reasonable extent, we are determined to enjoy them. Yet who among us that has made these the chief object of his aim and summit of his ambition, has acquired medical distinction? Point me, among all the physicians or surgeons of the civilized world, a Girard, a John Jacob Astor, or a Rothschild.

We have heard the cry of exorbitant fees! and extortion, again and again sent out against this profession; and as often have we searched through our ranks for the evidence. We have looked for the purse-proud, over-grown, medical aristocrat, rioting in his illy-gotten wealth; for the palace gorgeously furnished; the chariots and horses; the retinue, with costly livery—but ever have looked in vain. The well-digger and the hod-carrier are lifted into affluence, and die like Dives; but the physician lives his life of toil, and lies down at last with a heavy heart, for he knows that to his beloved family he leaves no inheritance but poverty. Yet we ask no alms or sympathy from those who daily rob and oppress the widow and the orphan, and hoard in iron chests their golden treasures, while in their narrow souls they grudge us a stinted support. When their rotten carcasses dung the earth, all their gold will be given to those they never loved. \* \* \* \* \*

Of the occasional incompetency, and more constant jealousy of rival surgeons, and the indiscreet expression of private opinion, we have spoken as operating largely in the encouragement of legal prosecutions; but another abundant source is found in the prevalent opinion that we are bound, in most or all cases, and under all circumstances, to restore parts to their original state of health and exact proportion. If an arm or a leg is shattered and torn till it hangs like a tattered sail, it must be joined and knit together in all its original strength and perfect symmetry; and that, whether the constitution is healthy or depraved, and whether the patient is submissive, or unquiet and ungovernable. Thus every fault of nature and of will, is ascribed to defect of art. But, gentlemen, surgery has not attained, and never will attain, that perfection in which it can restore man, maimed and mutilated, to the same state of integrity and proportion in which he was first formed. Art and science can do much, and the reparative powers, the *vis medicatrix naturæ*, can do more; but neither can give to the enamelled eye the power of vision, or to the silver-wrought palate the sense of taste; nor can they engraft upon the dismembered body, arms or legs, endowed with all the powers of circulation, sensation and locomotion.

We do not make or renew—we only advertise to mend such of the wheels of life as time has worn or accident broken; and if the shaft is old, and the bands all loose, our trade is not accountable if it breaks again the first time the sluice is opened, and the mill is set in motion. Yet this is one of the inconsistencies of men; forgetting their own agency and blame, to consider those the real authors of their misfortune, who

honestly and skilfully endeavor, but fail, to give them complete or partial relief. Had the man who lost his leg been buried in the same grave with the amputated limb, whether through lack of skill or not, would never have concerned the world; but to live to stub his way over the rough paths of life on wooden stilts, exposed to the jibes and gaze of the silly multitude, is insupportable: and since the surgeon is not liable, because he saved his life, he must be arraigned because he saved not his limb also.

## EXTRAORDINARY CASE OF DROPSY IN A FEMALE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR.—The following case of ascites may perhaps be deemed worthy of preservation among medical records.

In 1829 I was called to visit Mrs. B., the wife of a respectable farmer in the vicinity of this city. She was a woman of small stature, aged 29 years; had never borne children, though regular in the catamenial secretion. Her general health for several months previously had not been good, though she was able to attend to her domestic duties. On examination, I found decided evidence of dropsical effusion in the cavity of the abdomen. By the application of various means, from none of which I derived more benefit than from the long used and excellent old-fashioned remedy of cremor tartar and jalap, she was to some extent relieved from her difficulty, and the disease at least was kept from advancing until the year 1838, when all medicines failed of producing any relief, and in consultation with my friend Dr. Mauran the operation of paracentesis abdominis was determined to be necessary. It was accordingly performed, and repeated subsequently at the periods stated below. Drs. Mauran, Chapin and Rivers at different times saw the patient with me, and kindly assisted me in the operation.

1838	8th month	20th	1st operation—removed	45 lbs. of fluid.
"	10th	3d	2d	" 52 "
"	11th	5th	3d	" 54 "
1839	3d	20th	4th	" 60 "
"	4th	27th	5th	" 62 "
"	5th	15th	6th	" 63 "
"	6th	4th	7th	" 62 "
"	6th	24th	8th	" 69 "
"	7th	9th	9th	" 67 "
"	7th	23d	10th	" 65 "
"	8th	6th	11th	" 70 "
"	8th	19th	12th	" 66 "
"	9th	3d	13th	" 69 "
"	9th	19th	14th	" 66 "
"	10th	2d	15th	" 72 "
"	10th	17th	16th	" 65 "
"	11th	4th	17th	" 60 "

1840	2d month	22d	18th operation—removed 66 lbs. of fluid.
"	3d "	10th	19th " " 58 "
"	4th "	23d	20th " " 57 "
"	6th "	26th	21st " " 48 "
"	7th "	24th	22d " " 50 "
"	10th "	14th	23d " " 57 "
"	11th "	5th	24th " " 50 "

Total - - - - - 1453 pounds.

After the first operation we discovered that there were several tumors in the abdomen, which appeared to be some of the glands of the mesentery enlarged. These continued progressively to increase, and finally occupied much space, consequently lessening the capacity of the cavity to contain fluid. She was a person of remarkable courage and fortitude, and after being tapped would often, on the subsequent day, move about house and attend to her domestic affairs—and generally (as she lived out of town) during the last year I only saw her when she sent for me to operate; and she felt some ambition to demonstrate her power of endurance by protracting the intervals as long as possible, though this was contrary to my advice. It will be observed that at one time the operation was not repeated for more than three months, and during this period she informed me that the secretion from the kidneys was copious and the perspiration excessive.

She finally sunk under her disease, and died the 26th of 11th month, 1840, aged 40. No opportunity was obtained for a post-mortem examination.

SAMUEL BOYD TOBEY.

Providence, R. I., 1st mo. 8th, 1841.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 20, 1841.

### MEDICAL STATISTICS.

Dr. McRUE, of Bangor, whose name is familiar to medical readers, is engaged in compiling a work on *medical statistics*. In order to give copious and accurate information, he must necessarily look to physicians and municipal officers for assistance. Those who will forward bills of mortality from 1830 to 1840, carefully copied from the public records of the town, village or city from whence they are sent, directed to the *Postmaster of Bangor, Me.*, will confer an obligation that will not go unrequited.

In these solicited tabular bills, the following order is to be observed, as being essential to facilitating the purpose of Dr. McRuer. Thus: in one column state the population; next, amount of mortality, ages, &c.; then systematize the causes of death in this manner. Deaths resulting from disease of the stomach, liver, intestines, kidneys, bladder, heart, blood vessels, lungs, trachea and larynx, brain, spinal marrow; from tubercular consumption, typhous fever, delirium tremens, accidents.

Every practitioner throughout the United States, and certainly in New England, should lend a helping-hand in this undertaking, which we doubt not will be highly creditable to the science of the north; but whatever is done, must be speedily attended to, or the object of this request, in behalf of a gentleman whom we all respect, will be defeated.

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*Library of Practical Medicine.*—With a punctuality that is deserving of praise, the volumes of this very excellent series are issued about as fast as they can be read. Messrs. Lea & Blanchard proposed five volumes, containing about five hundred and sixty pages each—which, as before mentioned, are edited by Dr. Tweedie. The third number is a noble book in size, executed with the same care exhibited in the preceding volumes, and free from typographical errors. Dr. Gerhard has prefixed notes and made additions, and shapen the whole to the state of practice in the United States. Mr. Ticknor, who has these volumes on sale, says that they are appreciated, the sales being very satisfactory. On the receipt of \$5, any two of the volumes are sent to order. The contents of this, embraces diseases of the organs of respiration—laryngitis, croup, acute catarrh, bronchitis, bronchial congestion, spasmodic asthma, hooping cough, pleurisy, pneumothorax, pneumonia, &c. Drs. Williams and Joy are the prominent writers of the various dissertations, which are creditable both to their intelligence and minute knowledge of a science to which the whole force of their gifted minds has been directed.

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*American Journal of Medical Sciences.*—After waiting a week or two for the first No. of the new series of this Journal, commencing January 1st, it has been received. As usual, it is filled with an admirable selection of medico-literary matter, which shows the indefatigable industry and tact of the editor in the management of a journal of science. The heaviest article, and the least valuable, is the ninth, *On the Causes and Treatment of Pseudarthrosis—and especially that form of it sometimes called Supernumerary Joint*, by Edward Hartshorn, M.D. Under the head of American Intelligence, it would be gratifying to have a greater amount of purely American reports, since the country is sufficiently extensive to furnish abundant materials. We always liked this Journal, and it will give us unfeigned pleasure to hear of its prosperity and the thirst of those engaged in its publication.

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*Fluid Magnesia.*—This preparation is new in this country, and it has a prospect of becoming as celebrated here as it is in England. Messrs. A. S. & W. G. Lewis, druggists, No. 28 S. Market street, Boston, have made an importation, and would be gratified, doubtless, to have physicians give it a fair trial. Were it not for the fact that nearly all the foreign journals of medicine speak in terms of commendation of the fluid magnesia, we should not have taken so much pains to notice it. The invention originated with Sir James Murry. One of the unfortunate circumstances attending the publicity of new remedies, is, that too many diseases are supposed to be overcome by their all-powerful effects on the system. There seems to be less quackery, however, in the published notices of the fluid magnesia, than in almost any new medicine now in use.

*Mortality of Boston for thirty Years.*—Population in 1810, 33,250; 1820, 43,298; 1830, 61,381; 1840, 93,452. Deaths in 1811, 742; 1812, 677; 1813, 786; 1814, 727; 1815, 854; 1816, 904; 1817, 907; 1818, 971; 1819, 1070; 1820, 1103; 1821, 1420; 1822, 1203; 1823, 1154; 1824, 1297; 1825, 1450; 1826, 1254; 1827, 1022; 1828, 1233; 1829, 1221; 1830, 1125; 1831, 1424; 1832, 1761; 1833, 1475; 1834, 1554; 1835, 1914; 1836, 1770; 1837, 1843; 1838, 1920; 1839, 1963; 1840, 1972.

Some of the prominent causes of death the past year are the following:—Consumption, 240; infantile diseases, 116; smallpox, 115; lung fever, 107; typhus, 69; old age, 64; intemperance, 35; stillborn, 131. Unknown, 86. The deaths during the last year, as will be seen above, were 1 in 47 2-5.

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*Mortality in 1840.*—In Shelburne, Ms., whole number, 14; of whom 7 were over 70 years of age; 9 over 50; and 3 under 2 years.—In Nantucket, 214, including 18 who died abroad. Under 10 years of age, 119; between 10 and 45, 44; over 45 and under 70, 31; above 70, 20. This record shows an uncommon mortality among infants—greater, it is said, than has been known for many years before in Nantucket.—In the first ecclesiastical Society of Stamford, Ct., according to the report of C. Ayers, M.D., the number of deaths was 44. The population being about 3000, the deaths were 1 in 68. Between the ages of 90 and 100, 1; 80 and 90, 4; 70 and 80, 6; 60 and 70, 6; 50 and 60, 5; 40 and 50, 1; 30 and 40, 3; 20 and 30, 4; 10 and 20, 1; under 10, 13. Eight died of consumption, and 7 of pneumonia. From the same source we learn that the deaths in Darien, Ct., the last year, were 30; population, 1100. If there is no mistake in this return, the mortality has been greater in this town than in Boston.

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*Power of liberated Gases in the Human Body.*—A woman, whose weight was about 230 pounds, died in this city not long since, of a dropsey of the heart. The body was placed in an ordinary coffin, the lid of which was screwed down in the usual manner, and afterwards deposited in a tomb. On the following morning the body had so swollen that all the screws were forced perpendicularly out, and the cover actually thrown off on one side.

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*Account of Wm. Henry, M.D., of Manchester, Eng.*—In early youth he had a severe internal injury on his right side from a fall: he never wholly recovered. He was almost always valetudinarian. To the fall he used to attribute the general delicacy of his frame, his irritability and excitableness. The pain from the hurt returned at intervals through life; in the last year, after four or five years of comparative ease, he suffered much from it. He occasionally said the pain in his side was excruciating: it recently prevented him from sleep, and he had peculiar difficulty of digestion. The last few weeks of his life he labored under considerable depression of spirits and great irritability, increased by his daughter's severe illness. Sept. 1st, 1836, after he had retired to rest, his wife read to him Clarke's Travels in Russia, till 11 o'clock at night, on which he made acute, pertinent remarks. He said he felt pretty easy, and hoped he should sleep. It is probable that he again had recourse to the Travels. Sept. 2, A. M., he discharged a pistol (which he used to keep in his bed-

room) into his mouth, and died instantly, æt. 61. A female servant had noticed, the day before, that he seemed much bewildered, to have lost his recollection: four days before, he said he was very unwell, and had not slept for some time but three or four hours in a week. His son, Dr. Charles H., had observed that he was very restless the day before, and asked the same question repeatedly; walked backwards and forwards in a perturbed manner, and seemed much distressed.

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*Perpetuity of Homœopathy.*—A man of wealth residing at Kœnigsburg, who recently died, left 125,000 francs to be placed at interest, to accumulate for 250 years, and then to be employed in the foundation of an homœopathic institution. He named a physician for the proposed foundation, whose salary is fixed at 2000 thalers, to commence at once.

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*Medical Miscellany.*—Dr. T. J. Crossman, of Philadelphia, in a communication to the Ledger of Dec. 19th, says that he had then performed the operation for strabismus sixteen times.—The appeal of Madame Large, from the judgment of the Court at Tulle, in the poison case, in France, in which M. Orfila has figured conspicuously, has been rejected by the court.—Dr. Locke, of the Ohio Medical College, is gaining distinction with the scientific on account of his recent experiments on electricity, from the generation of steam in boilers.—The Boston Society of Natural History now hold their meetings on the first and third Wednesdays of each month, at 8 o'clock in the evening.—Dr. Ellsworth, of Hartford, Conn., has successfully performed the operation for strabismus.—Dr. Fansher, the vaccinator, has addressed the British government in order to enlist its influence for a general and simultaneous vaccination for exterminating the smallpox. The Duke of Bedford, president of the Royal Jennerian Society, has written to Dr. Fansher, in answer to a communication on that philanthropic subject.—Readers are referred to interesting extracts from Dr. Hamilton's introductory discourse, in this day's Journal.—In Ohio, according to the late census, there are 1243 insane and idiotic persons. Of these, 400 are at the public charge. Instead of keeping many of these unfortunate beings locked up in jails, to be neglected and perhaps cruelly treated by unfeeling jailors, the State should build an asylum on a liberal scale, as other States have done.—Jenny Kennison, of Brookfield, N. H., died lately at the great age of 110 years.—The engravings of Dr. Chase's cases of deformed feet treated by mechanical means, have been received for insertion in this Journal, and the cases will be copied, by request, from the American Journal of Medical Sciences.

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**MARRIED.**—In Boston, John Clough, M.D., of Woburn, Ms., to Miss Ellen D. Champney, of Boston; Lucius Cook, M.D., of Wendell, to Miss Fidelia Hayward, of Boston.—At Woodstock, Vt., J. R. Morse, M.D., of Chelsea, to Miss L. M. Taft; Samuel W. Thayer, M.D., of Northfield, to Miss Sarah L. Pratt.—At Halesville, N. Y., Dr. Madison Mills, U. S. A., to Miss M. Haysel.

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**DIED.**—At Merrimac, N. H., Dr. Abel Goodrich, 79.

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Number of deaths in Boston for the week ending Jan. 16, 27.—Males, 16—females, 11. Stillborn, 3. Of consumption, 5—lung fever, 2—fever, 2—dropsy, 2—dropsy on the brain, 2—infantile, 1—typhus fever, 2—cancer, 1—child-bed, 1—delirium tremens, 1—inflammation of the lungs, 2—intemperance, 1—croup, 1—gout, 1—old age, 1—burn, 1.

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HOWARD COLLANGE, A.M.  
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NORMAN WILLIAMS,  
*Secretary.*

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Boston, August 15, 1840.

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